

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004149

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
FILED JAN 25 1963

1003

654

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital,		d. STREET ADDRESS (If outside, give location) 5014 Alabama Ave.,	
3. NAME OF DECEASED (Type or print) First Marie Middle Stadtfeld, Last Stadtfeld,		4. DATE OF DEATH Month January Day 19 Year 1963	
5. SEX Female.	6. COLOR OR RACE White,	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/16/1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home,		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME George Horvath		11b. MOTHER'S MAIDEN NAME Frances Heck,	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. [REDACTED]	
13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis, abdominal DUE TO (b) Probably due to ovary DUE TO (c) Senility		13b. INTERVAL BETWEEN ONSET AND DEATH 175.0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED]		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	
21. I attended the deceased from 12-10-62 to 1-19-63 and last saw her alive on 1-19-63 Death occurred at 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE May O. Hawk M.D. (Degree or title)	
22b. ADDRESS 16 Hampton Village		22c. DATE SIGNED 1/21/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial,	23b. DATE 1/23/63	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,	
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. DATE RECD. BY LOCAL REG. JAN 21 1963	
23f. FUNERAL DIRECTOR Gebken-Benz Mortuary,		23g. REGISTERAR'S SIGNATURE Paul Smith M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED
1	
2	2/15/79
3	
4	1
5	2
6	
7	2
8	2
9	
10	
11	
12	3.0
13	
73	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.